

PTO/SB/01A (10:01)
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## DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN APPLICATION DATA SHEET (37 CFR 1.76) Ativ Docket 010

|   | Atily Docket 010  |  |  |  |  |
|---|---|--|--|--|--|
| Title of invention  | Angioplasty Super Balloon Fabrication With Composite Materials  |  |  |  |  |
| As the below name   | inventor(s). I/we declare that:   |  |  |  |  |
| This declaration is o   |   |  |  |  |  |
|   | The attached application, or  |  |  |  |  |
|   | Application No, filed on  |  |  |  |  |
|   | as amended on(if applicable);   |  |  |  |  |
| I/we believe that I/we em/are the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought;   |   |  |  |  |  |
| I/ we have reviewed amended by any am   | and understand the contents of the above-identified application, including the claims, as an amount specifically referred to above;   |  |  |  |  |
| applications, materia   | duty to disclose to the United States Patent and Trademark Office .ill information known terial to patentability as defined in 37 CFR 1.56, including for continuation-in-part information which became available between the filing date of the prior application and itempational filing date of the continuation in part and including |  |  |  |  |
| the national or PCT International filing date of the continuation-in-part application.  All statements made herein of my/own knowledge are true, all statements made herein on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and may leopardize the validity of the application or any patent issuing thereon. |   |  |  |  |  |
| FULL NAME OF INVENTOR(S)  |   |  |  |  |  |
| Inventor one:   | Oscar Jimenez   |  |  |  |  |
|   | Dated: 1/2/2002   |  |  |  |  |
| Signature:  | Pully Citizen of: US  |  |  |  |  |
| Inventor two:   |   |  |  |  |  |
| Signature:  | Citizen of:   |  |  |  |  |
| Inventor three:   |   |  |  |  |  |
| Signature;  | Citizen of:   |  |  |  |  |
| Inventor four:  |   |  |  |  |  |
| Signature:  |   |  |  |  |  |
| oignature.  | Citizen of:   |  |  |  |  |

Burden Hour Statement: This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is used by this public to the (and the USPTO to process) an application. Configurability is governed by 35 U.S.C. 122 and 37 CFR 1.14. This form is estimated to take 1 minute to complete. This time will vary depending upon the needs of the information case. Any comments on the amount of time you are required to complete this form should be serve to the Chief information Officer, U.S. Palant and Trademark Office, Weshington, OC 20231. OO NOT SEND FEES OR COMPLETED FORMS 1 O THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, OC 20231.

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## **POWER OF ATTORNEY OR AUTHORIZATION OF AGENT**

| Application Number     | Unknown                                   |     |
|------------------------|---|-----|
| Filing Date            |   |     |
| First Named Inventor   | Oscar Jimenez                             |     |
| Title F                | ngioplasty Super Bal<br>abricationMateria | gor |
| Group Art Unit         | Unknown                                   |     |
| Examiner Name          | Unknown                                   |     |
| Attorney Docket Number | 01078                                     |     |

| I hereby appoint:   |   |   |  |  |
|---|---|---|--|--|
| X Practitioners at OR   | Customer Number 29026   | Place Customer  Number Bar Code  Label here           |  |  |
| Practitioner(s) n   | amed below:   |   |  |  |
| m).   | Name  | Registration Number                                   |  |  |
| Thomas  | R. Vigil  | 24,542  |  |  |
| <del> </del>  |   |   |  |  |
|   |   |   |  |  |
|   |   |   |  |  |
| as my/our attorney(s) of business in the United                   | or agent(s) to prosecute the application id<br>States Patent and Trademark Office con | entified above, and to transact all                   |  |  |
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| Practitioners at Cu   | istomer Number  | Number Bar Code Label here                            |  |  |
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| l am the: Applicant/Inventor.                                     |   |   |  |  |
| X Assignee of reco  | ord of the entire interest. See 37 CFR 3.7 r 37 CFR 3.73(b) is enclosed. (Form PTC    | 1.<br>0/SB/96).                                       |  |  |
| VASCON  | LCSIGNATURE of Applicant or Assigned  | e of Record   |  |  |
|   | hion Corpdration, LLC   | VASCON, LCC Opera                                     |  |  |
| Signature By:   | anun  |   |  |  |
| Date Dec  | ember 3/1, 2001   |   |  |  |
| NOTE: Signatures of all the inventorms if more than one signature | ntors or assignees of record of the entire interest or                                | their representative(s) are required. Submit multiple |  |  |
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